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CONFIRMATION NO. 2623

<b>SERIAL NUMBER</b> 10/621,490	<b>FILING OR 371(c) DATE</b> 07/17/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 5297/182
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## APPLICANTS

Jacqueline Coral Kent, Nedlands, AUSTRALIA;  
 Leon Robert Mitoulas, Osborne Park, AUSTRALIA;  
 Donna Tracy Ramsay, Forrestfield, AUSTRALIA;  
 Peter Edwin Hartmann, Gooseberry Hill, AUSTRALIA;  
 Mark Derek Cregan, Doubleview, AUSTRALIA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/401,138 03/27/2003 ABN

w 9129106

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWITZERLAND 2002 2188/02 12/20/2002

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>WZZZZZZZZ</u> Examiner's Signature <u>W</u> Initials				

## ADDRESS

MICHAEL H. BANIAK  
 BANIAK PINE & GANNON  
 Suite 1200  
 150 N. Wacker Drive  
 Chicago, IL60606

## TITLE

Use of a breast pump

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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